

DEMILITARIZATION CERTIFICATION AND VERIFICATION CERTIFICATE

For use of this form, see AR 700-144; the proponent agency is DCS, G-4.

I, _____ am an officer or employee of
(Name and Title of Prime or Subcontractor's Representative)

(Name of Company)

responsible for ensuring demilitarization requirements have been accomplished. I certify that the items and quantities identified below were demilitarized in accordance with the Demilitarization Clause provided in procurement contract number _____.

NSN or CAGE and P/N	ITEM NAME	QUANTITY

When an NSN is not available, the commercial and government entity (CAGE) code and the item's part number (P/N) will be used.

Note: Use as many lines as needed and number consecutive pages.

NAME AND TITLE OF CONTRACTOR REPRESENTATIVE CERTIFYING THE DEMILITARIZATION

SIGNATURE OF CONTRACTOR REPRESENTATIVE

NAME AND TITLE OF GOVERNMENT REPRESENTATIVE VERIFYING (witnessing) THE DEMILITARIZATION

SIGNATURE OF GOVERNMENT REPRESENTATIVE

WARNING: SIGNING A FALSE DEMILITARIZATION CERTIFICATE CONSTITUTES A FELONY AND MAY SUBJECT THE INDIVIDUAL TO CRIMINAL PROSECUTION.